

Appl. No. 10/692,359
Amdt. dated June 15, 2005
Responsive to Office Action dated December 15, 2004

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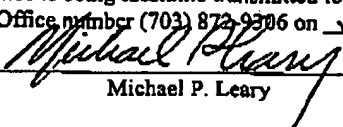
Appl. No. : 10/692,359 Confirmation No. 9357
Applicant : Manfred Droste
Filed : October 23, 2003
Title : Power Tool

TC/A.U. : 3721
Examiner : Chukwurah, Nathaniel C.

Docket No. : P-US-PR-1075

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I, Michael P. Leary, PTO Reg. No. 41,144, hereby certify that this
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Michael P. Leary

AMENDMENT

Sir:

In response to the Office Action of December 15, 2004, the Applicant replies
as follows:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

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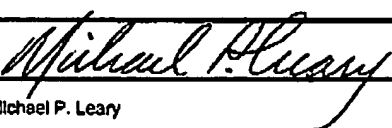
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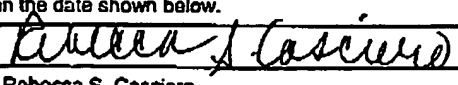
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/692,359	
	Filing Date	10/23/2003	
	First Named Inventor	Manfred Droste	
	Art Unit	3721	
	Examiner Name	CHUKWURAH, Nathaniel C.	
Total Number of Pages in This Submission	9	Attorney Docket Number	P-US-PR 1075

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 5px;"> Remarks </div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Black & Decker		RECEIVED OIPE/IAP JUN 16 2005
Signature			
Printed Name	Michael P. Leary		
Date	June 15, 2005	Reg. No.	41,144

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Signature			
Typed or printed name	Rebecca S. Casciero	Date	June 15, 2005

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